


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000369	
1. Entity Name BRIDGEWATER TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 487 PINELLAS BAYWAY #103 TIERRA VERDE, FL 33715	Mailing Address 487 PINELLAS BAYWAY #103 TIERRA VERDE, FL 33715
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORTUNE, MARCIA K 487 PINELLAS BAYWAY #103 TIERRA VERDE, FL 33715	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARSH, MILAN 487 PINELLAS BAYWAY #701 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANDHAM, RAYMOND 487 PINELLAS BAYWAY #107 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FORTUNE, MARCIA K 487 PINELLAS BAYWAY #103 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARKS, SHUFORD 487 PINELLAS BAYWAY #102 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISON, RUSSELL 487 PINELLAS BAYWAY #106 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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04/14/05-80042-002.61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia K Fortune Marcia K Fortune 4-11-05 (727) 866-7430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #